

Facility Name:		System Type (Check One): <input type="checkbox"/> Municipal <input type="checkbox"/> Other than Municipal <input type="checkbox"/> Nontransient Noncommunity <input type="checkbox"/> Transient Noncommunity	
Facility I.D. Number:	Total Number of Wells:	Review Area: <input type="checkbox"/> 1,200 ft radius <input type="checkbox"/> _____ ft CFR <input type="checkbox"/> ½ mile radius <input type="checkbox"/> 200 ft radius	

Parts I and II of this form are authorized under ss. NR 809.12(2)(b), 809.21(3), and 809.25(5), Wis. Adm. Code, which pertain to sampling for drinking water contaminants. Completion of parts I and II of this form is required to apply for or extend monitoring waivers. Failure to complete this form upon request by the Department of Natural Resources may invalidate existing waivers or make the water system ineligible for new waivers and increase the number of samples required. Personally identifiable information requested on this form is likely to be used for purposes other than that for which it is originally being collected. DNR plans to make the information provided on this form available electronically on the Internet.

Instructions:

1. Look at a map of your water supply system and identify the review area of each active well in your system.
2. Indicate how many of each potential contaminant sources listed below are present within the review area of each well. Example: If 3 gas service stations are located within the review area of well No. 1, enter 3 in the row for "gas service station" under the column for well No. 1. If there are no potential contamination sources within the review area of a particular well, place an "x" in the row for "NONE" listed directly under POTENTIAL CONTAMINANT SOURCE.
3. If a map was provided with this form, indicate the location of all potential contaminant sources within the review area of each well by placing a circle with cross-hairs on the location and labeling it with the appropriate map code listed below. Example: Place a circled cross-hair "+" and contaminant code "CSS" on the map at the location of each gas service station. The number of "CSS's" on the map should match the number of gas service stations indicated on this form. Sources with YES/NO option do not need to be located on the map.

PART I: POTENTIAL CONTAMINANT SOURCES

		Well No. ____	Well No. ____	Well No. ____	Well No. ____	Well No. ____
Unique Well I.D. Number --->						
MAP CODE	POTENTIAL CONTAMINANT SOURCE					
	NONE					
	AGRICULTURE					
AFP	Agricultural farming (YES/NO)					
AFA	Animal Feedlot ⁵					
AIA	Irrigation system (YES/NO)					
AMS	Manure storage					
	BULK STORAGE/MATERIAL STOCKPILING					
BFS	Fertilizer storage/mixing ³ (e.g. Feed mill, Ag. Co-op)					
BGS	Grain storage site ³					
BPS	Pesticide storage / mixing / loading ³ (e.g. Feed mill, Ag. Co-op)					
BPT	Petroleum / chemical storage ¹ (Only include tanks 500 gallons or more)					
BSS	Road salt storage (Only include bulk storage sites)					
	COMMERCIAL					
CAI	Airport (YES/NO)					
CBS	Auto body shop					
CBY	Boat yard					
CCW	Car wash (Only include those in unsewered area)					
CCE	Cemetery					

	COMMERCIAL (cont.)					
CDC	Dry cleaning ²					
CSS	Gas service station ²					
CLD	Laundromat (Only include those in unsewered area)					
CMW	Machine / metal working shop					
CVR	Motor vehicle repair shop					
CPS	Paint shop					
CPH	Photo processing (Not retail stores, only include actual processing facilities)					
CMP	Plating facility (jewelry/metal)					
CPR	Printing					
CRY	Rail yard					
CRT	Railroad track ²					
CSY	Scrap/junkyard					
CSP	Seed production plant ³					
	GENERAL					
GFA	Fuel storage tank - above ground (non-service station) ²					
GFB	Fuel storage tank - underground (non-service station) ²					
GSL	Sewer line (municipal) ⁵ (YES/NO)					
GST	Septic tank / cesspool ⁵ (YES/NO)					
	INDUSTRIAL					
IAS	Asphalt plant					
ICM	Chemical production (Only include large industrial facilities)					
IEE	Electrical and electronic products manufacturing					
IES	Electroplating / metal finishing facility ⁷					
IFM	Furniture or wood manufacturing / refinishing / stripping					
IFW	Foundry / smelting plant ⁷					
IMQ	Mining Operation / Mine waste (YES/NO)					
IPM	Paper mill ⁶					
IPP	Pipeline (petroleum or chemical) (YES/NO)					
IPC	Plastics manufacturer / molder ⁴					
ITP	Textile / polyester manufacturer ⁴					
IWT	Wood preserving facility ⁴					
	MISCELLANEOUS SOURCES AND CONDUITS					
MFT	Fire training facility					

	MISCELLANEOUS (continued)					
MGC	Golf course (YES/NO)					
MLA	Laboratory (college, medical, school, private, etc.)					
MMP	Medical Installation (e.g. Hospital)					
MMI	Military installation ¹ (YES/NO)					
GWA	Water well (active production)					
GWJ	Water well (unused or improperly abandoned) ³					
MWL	Wildlife refuge					
MOT	Other (specify) _____					
	WASTE MANAGEMENT					
WRP	ERRP Site ¹					
WHS	Hazardous waste generator (SARA Title III) ¹					
WIN	Incinerator (municipal)					
WDR	Class V injection well ³					
WLA	Landfill ¹					
WLS	Leaking underground storage tank (LUST site) ²					
WRF	Recycling facility					
WSS	Sludge spreading (YES/NO)					
WTS	Solid waste transfer station					
WSW	Storm water retention pond					
WUC	Superfund site ¹					
WWP	Wastewater treatment plant					
WWS	Wastewater seepage pond (sewage lagoon)					

1 Affects all types of waiver 2 Affects VOC waiver 3 Affects pesticide/herbicide waiver 7 Affects cyanide waiver
4 Affects industrial chemical waiver 5 Affects microbial waiver 6 Affect Dioxin waiver

PART II: ASBESTOS AND COAL TAR (BENZO(A)PYRENE)

1. Is any part of your water distribution system constructed of materials containing asbestos fibers? ___ Yes ___ No
(Example: Asbestos-cement pipe)
2. Is any part of your water distribution system sealed with a product containing coal tar or Benzo(a)pyrene? ___ Yes ___ No
(Example: Pipe or reservoir lining)

PART III: INTEREST IN WELLHEAD PROTECTION (WHP)

1. Are you in the process of developing a Wellhead Protection Plan for your wells? ___ Yes ___ No
2. If yes, describe approach being used: ___ Individual wells ___ Area WHP ___ County WHP
3. If no, would you like information on developing a Wellhead Protection Plan? ___ Yes ___ No

INVENTORY CERTIFICATION

I certify that the answers provided in this inventory are, to best of my knowledge, truthful and accurate.

Printed Name of Respondent	Telephone Number ()	Date of completion
Signature	Title	